

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.5em; font-family: cursive;">779432</div>	FILING DATE <div style="font-size: 1.5em; font-family: cursive;">16 FEB 2001</div>					
							APPLICANT(S) <div style="font-size: 1.5em; font-family: cursive;">Gregoire</div>						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			•		•		•	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2							52						
3							53						
4		1		1			54						
5		1		1			55						
6		1		1			56						
7		1		1			57						
8		1		1			58						
9		1		1			59						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	↓		2		↓		TOTAL IND.	↓		↓		↓	
TOTAL DEP.	↓		7		↓		TOTAL DEP.	↓		↓		↓	
TOTAL CLAIMS			9				TOTAL CLAIMS						